

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="77551.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="75537.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4624.84"/>	<input type="text" value="13891.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="80162.03"/>	<input type="text" value="91442.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6631.92"/>	<input type="text" value="17912.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="73530.11"/>	<input type="text" value="73530.11"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4022.92	10561.12
(ii) Unitemized	170.00	2017.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4192.92	12578.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4192.92	12578.76
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	431.92	1312.34
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4624.84	13891.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4624.84	13891.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	431.92	1312.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	431.92	1312.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6200.00	16600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6631.92	17912.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6631.92	17912.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4192.92	12578.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4192.92	12578.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	431.92	1312.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	431.92	1312.34
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Ned Braunstein
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation Sr. VP - Regulatory Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1153.80**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.4608
Amount of Each Receipt this Period **384.60**
 Memo Item
\$192.30 Bi-weekly payroll deduction

B. Scott Carver
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP- Clinical Scale Mfg. & Sciences
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **576.90**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.4599
Amount of Each Receipt this Period **192.30**
 Memo Item
\$96.15 Bi-weekly payroll deduction

C. Christopher Daly
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation Director - Oncology & Angiogenesis
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **576.90**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.4597
Amount of Each Receipt this Period **192.30**
 Memo Item
\$96.15 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **769.20**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Jeanette Fairhurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regeneron Pharmaceuticals Inc. Occupation Senior Manager-Therapeutic Antibodies
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.4614
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$50.00 Bi-weekly payroll deduction

B. Chris Fenimore
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Financial Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.4612
 Amount of Each Receipt this Period 192.30
 Memo Item
 \$96.15 Bi-weekly payroll deduction

C. Gregory Geba
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP Deputy Head - Clinical Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.4606
 Amount of Each Receipt this Period 76.92
 Memo Item
 Bi-weekly payroll deduction: \$38.46

SUBTOTAL of Receipts This Page (optional).....	369.22
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Patrice Gilooly

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - QA & Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **03 / 18 / 2016**

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period **192.30**

Memo Item
Bi-weekly payroll deduction: \$96.15

Full Name (Last, First, Middle Initial)
B. Joseph LaRosa

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Sr. VP - General Counsel & Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.80**

Date of Receipt **03 / 18 / 2016**

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period **384.60**

Memo Item
\$192.30 Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Scott Mellis

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Clinical Sciences Trans. Medicine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.80**

Date of Receipt **03 / 18 / 2016**

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period **384.60**

Memo Item
\$192.30 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **961.50**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Hala Mirza
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Corporate Communications
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1153.80**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.4595
Amount of Each Receipt this Period **384.60**
 Memo Item
\$192.30 Bi-weekly payroll deduction

B. Andrew Murphy
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation Sr. VP - Research Regeneron Labs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1153.80**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.4602
Amount of Each Receipt this Period **384.60**
 Memo Item
\$192.30 Bi-weekly payroll deduction

C. William Olson
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Research & Development
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1153.80**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.4600
Amount of Each Receipt this Period **384.60**
 Memo Item
\$192.30 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **1153.80**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Tor Smeland

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Exec. Dir. - Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.80

Date of Receipt
03 / 18 / 2016
Transaction ID : SA11AI.4616

Amount of Each Receipt this Period
384.60

Memo Item
\$192.30 Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Robert Vitti

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP Clinical Sciences - Ophthalmology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
03 / 18 / 2016
Transaction ID : SA11AI.4603

Amount of Each Receipt this Period
192.30

Memo Item
\$96.15 Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Mark Volpe

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Vice President - Taxes

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
03 / 18 / 2016
Transaction ID : SA11AI.4610

Amount of Each Receipt this Period
192.30

Memo Item
\$96.15 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	769.20
TOTAL This Period (last page this line number only).....▶	4022.92

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 14
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Regeneron Pharmaceuticals, Inc.

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
868.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA15.4601

Amount of Each Receipt this Period
 431.92

Memo Item
 Reimbursement of Expenses - Bank fees

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	431.92
TOTAL This Period (last page this line number only).....▶	431.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase Bank, NA

Mailing Address Two Corporate Drive

City Shelton State CT Zip Code 06484

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4617

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial) A. ENGEL FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 38 IVY STREET SE		Transaction ID : SB23.4623
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement Political contribution	Amount of Each Disbursement this Period 1500.00
Candidate Name ELIOT L. REP. ENGEL	Category/Type 011	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 16		

Full Name (Last, First, Middle Initial) B. NITA LOWEY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 22 / 2016
Mailing Address 3701 PORTER STREET NW		Transaction ID : SB23.4628
City WASHINGTON	State DC	
Zip Code 20016	Purpose of Disbursement Political	Amount of Each Disbursement this Period 1000.00
Candidate Name NITA M LOWEY	Category/Type 011	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 17		

Full Name (Last, First, Middle Initial) C. RICHARD BURR COMMITTEE; THE		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address POST OFFICE BOX 5928		Transaction ID : SB23.4622
City WINSTON-SALEM	State NC	
Zip Code 27113	Purpose of Disbursement Political contribution	Amount of Each Disbursement this Period 2700.00
Candidate Name RICHARD BURR	Category/Type 011	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	5200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)

A. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 1015 STONEBRIDGE PARK DRIVE

City FRANKLIN State TN Zip Code 37069

Purpose of Disbursement
Political

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.4631

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶